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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

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CONTINUING DATA AS CLAIMED BY APPLICANT-

THIS APPLN IS A RE OF 08/218,319 03/25/94 PAT 5,520,679  
WHICH IS A CIP OF 07/985,617 12/03/92 ABN

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\* SMALL ENTITY \*

TITLE

OPHTHALMIC SURGERY METHOD USING NON-CONTACT SCANNING LASER.

PRELIMINARY CLASS: 606